UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF WISCONSIN OFFICE OF THE CLERK

362 U.S. COURTHOUSE

517 E. WISCONSIN AVE MILWAUKEE, WI 53202

STEPHEN C. DRIES CLERK TEL: 414-297-3372 FAX: 414-297-3203 www.wied.uscourts.gov

October 19, 2018

Todd A. Dyer, #05409-089 FCI Elkton PO Box 10 Lisbon, OH 44432

Re: U.S. v. Todd A. Dyer, Case Nos. 15-CR-115, 15-CR-137, 16-CR-100

Dear Mr. Dyer:

The Clerk's Office has received your letter requesting transcripts from various cases. To pursue your request, the enclosed Transcript Order Forms must be completed and returned to the address below. Thereafter, you will be notified by the assigned court reporter/transcriber with the cost estimate and payment instructions. (The cost to transcribe hearings at a normal turnaround time of 30 days is \$3.65 per page with one hour hearings averaging 35-45 pages.)

Please note by submitting the Transcript Order Form you understand that you are responsible for the transcription cost, that said cost will not be paid by the court, and that work on your transcript will not begin until the court reporter receives your payment.

Very truly yours,

STEPHEN C. DRIES Clerk of Court

s/K. Wilson Deputy Clerk

Mail Transcript Order Form To:

U.S. District Court — Eastern District of Wisconsin 517 E. Wisconsin Ave, Rm. 362 Milwaukee, WI 53202



PRISONER TRANSCRIPT ORDER FORM

1.	Date of Request
2.	Person Placing Order
3.	Inmate #
4.	Institution
1,722	Institution Address
	Case Name USA r. Todd Dyer
7.	Case No 15-CR-115
8.	Hearing Transcript(s) Requested
9.	Turnaround Service (Calculated from date payment is received) a. [] 30-Day (\$3.65 per page) b. [] 14-Day (\$4.25 per page) c. [] 7-Day (\$4.85 per page)
10	. Mail Completed Transcript(s) To: [] Institution listed above
	[] Other address (indicate below)
transcri	ing this order, I understand that I am responsible to pay all charges and that this request is NOT for court-paid ipts. I further understand that once this order is submitted, an estimate of cost will be provided to me and I will consible for payment of the entire estimate before any work will begin on my request.
Signatu	ure
After co	ompleting this order form, mail to:

U.S. District Court – Eastern District of Wisconsin 517 E Wisconsin Ave, Rm 362, Milwaukee, WI 53202



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1	Date of Request	
2	Person Placing Order	
3	Inmate #	
4	Institution	
5	Institution Address	
6	Case Name USA r. Todd Dyer	
	Case No. 15-CR-137	
8	Hearing Transcript(s) Requested	
9	Turnaround Service (Calculated from date payment is received) a. [] 30-Day (\$3.65 per page)	
	b. [] 14-Day (\$4.25 per page)	
	c. [] 7-Day (\$4.85 per page)	
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6.	Case Name USA v. Todd Dyer
7.	Case Name USA v. Todd Dyer Case No. 16-CR-100
8.	Hearing Transcript(s) Requested
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